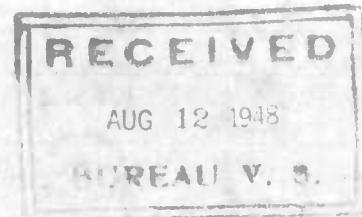


RECEIVED

AUG 12 1948

BUREAU F. B. I.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170 C

072910
166

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Garrett
City or town: Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Benjamin Franklin Croston.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married.

6. (b) Name of husband or wife

June Bolard Croston

7. Birth date of deceased (mo., day, yr.)

March 29th, 1926.

6. (c) If alive, give age 21 years

8. AGE:

Years

Month

Days

If less than one day

21

3

19

hrs.

min.

9. Birthplace

Newburg W. Va.

(Town, county, and state)

10. Usual occupation

Presser

11. Industry or business

William J. Croston.

MOTHER FATHER

12. Name

Oakland, Maryland.

13. Birthplace

Pauline V. Gordon.

14. Maiden name

15. Birthplace

Austin, W. Va.

Wm. J. Croston.

16. Informant

Address: Newburg, W. Va., Rt. #2

Burial

Date thereof: July 20th/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Shay Cemetery.

Cemetery or crematory

Location: Near Newburg, W. Va.

18. Funeral director

Emroy D. Bolard

Address

Oakland, Md.

July 20, 1948

(Date rec'd by registrar)

Julia Brown

Local

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war: World War #2

3. (b) Social Security Number

234-36-9836

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH: July 17th, 1948, at 12:00 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Exhamed after death

and that I last saw him alive on

Immediate cause of death

Fracture 55 Cervical Vertebra

" R+L Leg Fracture

Due to: Left tibia & fibula (Compound)

3 back

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident Date of 7/17/48

Where did injury occur: near Oakland Garrett M

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Postk 719

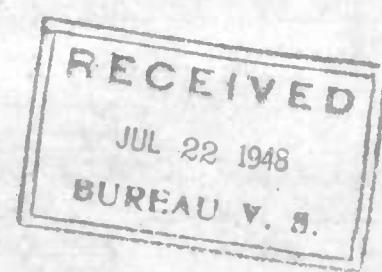
Means of injury Collision between motor vehicle & auto. Death bed

Injured at work? No

23. SIGNATURE: E. D. Bolard, Jr. M.D. witness

M. D. or other

Address: Oakland, Md. Date signed 7/18/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07291

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH

County GARRETTCity or town Kempston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Paul FRANISLYN DEAN4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced MARRIED8. (b) Name of husband or wife LEAN MYERS DEAN7. Birth date of deceased (mo., day, yr.) MAR. 15 1906 8. (c) If alive, give age 79 years8. AGE: Years 42 Months 4 Days 11 If less than one day hrs. 00 min.9. Birthplace Cumberland Allegany Co. Md. (Town, county, and state)10. Usual occupation Maintenance Man11. Industry or business Office Bldg.12. Name Joseph DEAN13. Birthplace Pendleton Co. W. Va.14. Maiden name Mac SEYMOUR15. Birthplace HAROY Co. W. Va.16. Informant Joseph DEANAddress 6661 Trinidad Ave. N.E. Wash. D.C.17. Burial Date thereof July 28 1948 (Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Bayard Cem.Location Bayard, W. Va.18. Funeral director J. D. DeaconAddress Thomas, W. Va.19. 7/31 1948 Elmer C Shaffer (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C.

County

City or town WASHINGTON

(If outside city or town limits, write RURAL and give nearest town)

Street No. 319

7th St. N.E.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

219-01-0482

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 26 1948 at 3:05 PM21. I CERTIFY that death occurred on the date above stated: that I attended deceased from JULY 21 1948 to JULY 26 1948and that I last saw him alive on JULY 26, 1948 1948Immediate cause of death ACUTE HEART FAILURE

DURATION

1 DAYDue to RHEUMATIC VALVULAR
HEART DISEASE

20 YRS.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Ferdinand M. Viscuse M.D.

M. D. or other

Address DAVIS, W. VA. Date signed JULY 29, 1948

RECEIVED

AUG 3 1918

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

59a

072981

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

Garrett Friendsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Hamilton Francis Friend

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married
Vespie Friend

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 2, 1867

8. AGE: Years Months Days It less than one day

81 4 18 hrs. min.

9. Birthplace (Town, county, and state)

Elden Hill Garrett Cond

10. Usual occupation.

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Friendsville

13. Birthplace

Julia Casteel

14. Maiden name

Julia Casteel

15. Birthplace

Friendsville

16. Informant

Mrs. Martha Glatfelter

Address

P. O. Accident, Md.

17. Burial

Burial 7-22-1948

(Burial, cremation, or removal, Which?)

Cemetery or cemetery

Noyes

Location

Noyes And.

18. Funeral director

Mrs. Minnie Berg

Address

Granville St

19. Date recd by registrar

July 22, 1948 Kathryn Fife.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Co. Garrett STATE Md.

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20-1948 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15-1948 to July 20-1948
and that I last saw h. l. m. alive on July 19-1948

Immediate cause of death

Uremia

DURATION

Due to Arterio Sclerosis

Rheumatic Arthritis

Due to Acute Nephritis

? 1

? 1

? 1

? 1

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

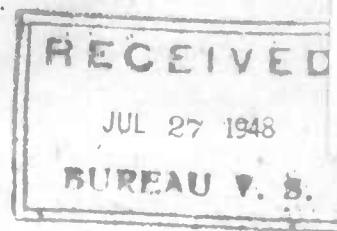
Means of injury

Injured at work?

23. SIGNATURE H. B. Messmore, M.D.

M.D. or other

Address Addison Rd Date signed July 20, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07292

CERTIFICATE OF DEATH

166

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

Baltimore

City or town.....

Deep Creek Lake

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Mary Hood De Gruchy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Divorced

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Nov. 13 1881

8. AGE:

Years

Months

Days

If less than one day

66 7 1/2 hrs. min.

9. Birthplace.....

New Jersey

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

Charles M. Hood

12. Name

13. Birthplace

Peru

14. Maiden name

Amanda Brightwell

15. Birthplace

Peru

16. Informant

Mrs. Nathan B. Higgins

Address

Lake Station, Bryn Mawr, Md.

17. (Burial, cremation, or removal. Which?)

Cremation

Date thereof

Jul 9 '48

(month) (day) (year)

Cemetery or crematory

Greenmount Cem

Location

Baltimore Md

18. Funeral director

Mrs. J. T. Johnson & Sons

Address

Baltimore Md

19. Date rec'd by Registrar

July 9 '48

Date signed

Signature

Address

Oakland Md

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

2210 Roslyn Ave

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7

1948 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 6 1948 to July 7 1948

and that I last saw her in alive on July 8 1948

Immediate cause of death

Tuberculosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

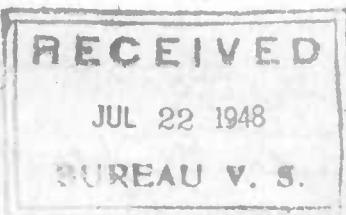
23. SIGNATURE

E. L. Baumgartner M.D.

M. D. or other

Address

Date signed



Copy of your letter
will be completed
as soon as possible.
I want to thank you for your
kind offer. We appreciate
your cooperation.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48a

07296 6

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett

City or town Hutton - Rural

(If outside city or town limits, write RURAL and give nearest town)

28 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Victoria Jane Moon Hardesty

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Divorced

8. (b) Name of husband or wife

Arthur O. Hardesty

7. Birth date of deceased (mo., day, yr.)

August 18, 1876

6. (c) If alive, give age years

8. AGE:

Years 71

Months 11

Days 11

If less than one day

hrs. min.

9. Birthplace

Garrett Co., Md.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Garrett V. Moon

12. Name

Monongahela Co., W. Va.

MOTHER FATHER

13. Birthplace

Jane Wilson

14. Maiden name

Garrett Co., Md.

15. Birthplace

Sanford Moon

16. Informant

Hutton, Md.

Address

Cemetery or crematory

17. Burial

Date thereof July 31, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Thos. Moon Cemetery

Location

5 Mi. S. Deer Park, Md.

18. Funeral director

Herbert C. Leighton

Address

Oakland, Md.

19. (Data recd by registrar)

July 31, 1948

Julia R. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Garrett

City or town Rural - Hutton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1 Mi. East of Hutton

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 28, 1948 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9, 1948, to July 28, 1948, and that I last saw her alive on July 26, 1948.

Immediate cause of death

Cancer of uterus
Primary site: Uterine cervix

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

O. J. Sommer, Jr. M.D. or other
Address: Belairland Blvd Date signed: 7/30/48

RECEIVED

AUG. 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 172

1. PLACE OF DEATH: **Garrett**
 County: **Rural- Kitzmiller**
 City or town: **(If outside city or town limits, write RURAL and give nearest town)**
48YRS.

How long in above place of death? **48YRS.**
 Hospital, Institution, or street address where death occurred: **Peerless**

How long in hospital or institution?

3. (a) FULL NAME

William Wesley Harvey

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
Birtie Blanche (Wilson)

6. (b) Name of husband or wife **Harvey** 6. (c) If alive, give age **74** years

7. Birth date of deceased (mo., day, yr.) **July 30, 1867**

8. AGE: **80** Years **11** Months **27** Days If less than one day
hrs.min.

9. Birthplace **Near Swanton, Garrett Co., Md.**
 (Town, county, and state)

10. Usual occupation **Farmer**
 Own Farm

11. Industry or business **Lewis Francis Harvey**
 12. Name **Near Swanton, Garrett Co., Md.**

13. Birthplace **Melissa Harvey**
 14. Maiden name **Garrett Co. Md.**

15. Birthplace **Mrs. Birtie Harvey**
 16. Informant **Kitzmiller, Md.**

17. Burial **July 30, 1948**
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory **I.O.O.F. Cemetery**
 Location **Elk Garden, W.Va.**

18. Funeral director **Otha F. Sharpless**
 Address **Blaine, W.Va.**

19. **7/28 48** **Ambarrook**
 (Date rec'd by registrar) **19** **Registrator**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Garrett**
 City or town **Rural- Kitzmiller**
 Street No. **Peerless** (If outside city or town limits, write RURAL and give nearest town)
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number **None**

MEDICAL CERTIFICATION

July 27 48 10:10 A.M.

20. DATE OF DEATH **July 27 1948**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 27 1948**
 and that I last saw him alive on **July 27 1948**

Immediate cause of death **Cardio-vascular**
Renal disease

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

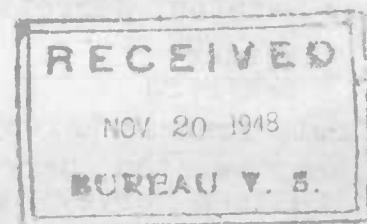
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE **Ralph Calandella M.D.**
 M. D. or other

Address **Kitzmiller, Md.** Date sign **July 27 48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07295

167

Reg. Dist. No.

1. PLACE OF DEATH:

Garrett

County

Gorman

City or town

(If outside city or town limits, write RURAL and give nearest town)

1 Week

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Prudence Jane Nogle

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William Turner Nogle

7. Birth date of

deceased (mo., day, yr.)

Dec. 5, 1864

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

83

7

5

.hrs.

min.

Cherry Run, Morgan Co., W.Va.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housework

Own Home

11. Industry or business

Hiram S. Rohe

12. Name

Unknown

13. Birthplace

Mary Elizabeth Butts

14. Maiden name

Cherry Run, Morgan Co., W.Va.

15. Birthplace

16. Informant

Mrs. Rose Jones

Address

Davis, W.Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 6, 1948

(month) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Thomas, W.Va. Elk Garden mineral

co. W.Va.

18. Funeral director

Otha F. Sharpless

Address

Blaine, W.Va.

19. (Date rec'd by registrar)

19

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Garrett

City or town Kitzmiller

(If outside city or town limits, write RURAL and give nearest town)

Street No. W. Main Street

(If rural, give LOCATION)

2.(n) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

July 10

48

6:45 A.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above-stated: that I attended deceased from

July 3, 1948, to July 10, 1948
and that I last saw her alive on July 7, 1948Immediate cause of death Arteriosclerosis
Coronary occlusion

DURATION

7 days

Due to Arteriosclerosis

10 yrs.

Due to Sterility

10 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

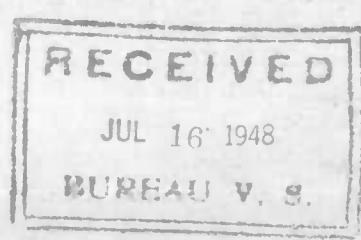
23. SIGNATURE

Harold C. Miller, M.D.

M.D. or other

Address

Egion, W.Va. Date signed 7/12/48



Boggs, W. Va.
7-11-48

Dear Mr. Shaffer -

I am having a death certificate forwarded to you from Dr. Miller at Egdon. It is for Mrs. Prudence J. Nogle who died Sat. at Borman, Md. The family has changed funeral arrangements since I mailed the certificate, change burial to I.O.O.F. Cemetery Elk Garden, Mineral Co., W. Va. instead of the one on the certificate.

Sincerely,
O. F. Sharpleas

THIS SIDE OF CARD IS FOR ADDRESS



Mr. Elmer C. Shaffer, Registrar
Reg. Dist No 167
R#2,
Oakland, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

07296
62

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Margaret Julian Opel

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

F

W

Married

6. (b) Name of husband or wife John Opel

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) February 16-1881

8. AGE: Years Months Days If less than one day
67 4 19 hrs. min.9. Birthplace Lonaconing Allegany Co- Md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER 12. Name Henry Fischer

13. Birthplace Germany

14. Maiden name Marthy Richter

15. Birthplace Germany

16. Informant John Opel

Address R.D. Accident Md

17. Burial Cove

(Burial, cremation, or removal. Which?)

Date thereof, 7-10-1948
(month) (day) (year)

Cemetery or crematory

Location R.D. Accident Md

18. Funeral director Alvin Wintersburg

Address Grantsville Md

19. July 9 1948 Ethel Broadwater
(Date rec'd by registrar) Registrars

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 9:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

year 29 1948 to July 7 1948
and that I last saw her alive on July 6 1948

Immediate cause of death

Chronic Imparanditis

DURATION

1 year

Due to

Due to

Other conditions Diabetes Mellitus
chronic Nephritis
(Include pregnancy within 3 months of death)5 years
5 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

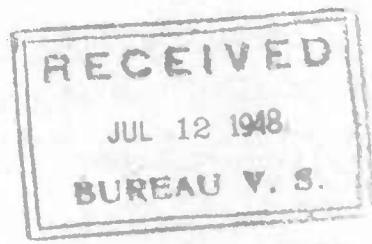
Means of injury

Injured at work?

23. SIGNATURE

Mildan Tupper, M.D., other
Frederick, Md. Date signed July 8, 1948

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

07297

166

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County GarrettCity or town Deer Park, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Mary Myrtle Sollars.

4. Sex

5. Color or race

B.(a) Single, married, widowed, or divorced

Female White Married.

6. (b) Name of husband or wife

Dr. E. E. Sollars.

7. Birth date of deceased (mo., day, yr.)

January 18th, 1891.6. (c) If alive, give age 63 years

8. AGE:

Years

Months

Days

If less than one day

57

6

6

hrs.

min.

9. Birthplace

Deer Park, Maryland.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name Alexander C. George.13. Birthplace Barton, Md.14. Maiden name Minnie M. Hott.15. Birthplace Petersburg, W. Va.

16. Informant

Dr. E. E. Sollars.

Admitting

Deer Park, Md.

Burial

(Burial, cremation, or removal. Which?)

Date thereof July 27th/48
(month) (day) (year)Cemetery or crematory Deer Park Cemetery.Location Deer Park, Maryland.

18. Funeral director

Emrys D. Bolder.

Address

Oakland, Md.

19. Date rec'd by registrar

July 27 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Deer Park, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH July 24th,

1948 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased Dr. E. E. Sollarsand that I last saw him alive on July 27 1948 to 1948Immediate cause of death Pulmonary edema
and pleural effusion

DURATION

1 weekDue to filling of lung tissue by
metastasis of Carcinoma1 yearDue to of both breasts5 yearsOther conditions Emphysema - cerebral
metastasis originating in lungs
(Include pregnancy within 3 months of death)5 weeks

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Harold C. Miller, M.D.

M. D. or other

Address Egion, W. Va. Date signed 7/29/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07298

166

CERTIFICATE OF DEATH

Reg. Dist. No. 93d

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 hrs.Hospital, institution, or street address where death occurred: Keyser Nursing HomeHow long in hospital or institution? 2

3. (a) FULL NAME

Margaret Elizabeth Syppalt

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife

Christopher T. Syppalt

7. Birth date of

June 7, 1861

6. (c) If alive, give age years

deceased (mo. day, yr.)

8. AGE:

Years	Months	Days	If less than one day
87	1	20	hrs. min.

9. Birthplace

Terra Alta, Preston Co., W. Va.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Alfred Garner

12. Name

Preston Co. W. Va.

13. Birthplace

Mary Smith

14. Maiden name

Preston Co. W. Va.

15. Birthplace

C. E. Houston

16. Informant

Mrs. C. E. Houston

Address

Rawlingsburg, W. Va.

17. Burial

Burial, cremation, or removal. Where? Terra Alta
 Date thereof July 30, 48
 (month) (day) (year)

Cemetery or crematory

Terra Alta

Location

Terra Alta, W. Va.

18. Funeral director

A. F. Callies

Address

Terra Alta, W. Va.

19. (Date rec'd by registrar)

July 30, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County PrestonCity or town Terra Alta
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 27, 1948 at 10:5A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 hours to 12 hours before death, and that I last saw her alive on 19.

Important cause of death

Chronic Myocardiitis

DURATION

10728Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

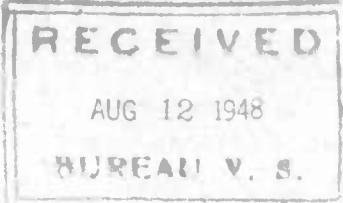
Injured at work?

23. SIGNATURE

E. J. Samyan, M.D., Med. Director

M. D. or other

Date signed



I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07299

93d

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Garrett

City or town..... Rural - Cove, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Henrietta C. Weber

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced
Female White Widowed

6.(b) Name of husband..... John J. Weber

7. Birth date of deceased (mo., day, yr.)..... May 22, 1864

8. AGE: Years..... 84 Months..... 1 Days..... 13 If less than one day..... hrs...... min. Garretts Co.

9. Birthplace..... Accident, Maryland
(Town, county, and state)

10. Usual occupation..... Housework

11. Industry or business..... None

12. Name..... Henry J. Hobl

13. Birthplace..... Germany

14. Maiden name..... Anna Elizabeth Deline

15. Birthplace..... Germany

16. Informant..... Roy Harmon

Address..... Cove, Maryland

17. Burial..... Date thereof..... July 8-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Germany Lutheran

Location..... Cove, Maryland

18. Funeral director..... Wm. W. Windberg

Address..... Grantsville, Md.

19. July 8, 1948 Ethel Broadwater
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Rural Cove, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 6, 1948, at 10:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1948, to July 6, 1948, and that I last saw her alive on July 1, 1948.

Immediate cause of death..... Chronic myocarditis

DURATION

2 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Milton Tepper, M.D.

M. D. or other

Address..... Friendsville, Md. Date signed..... July 7, 1948

